CAED 435 (Rev. 10/2023) Case 2:21-United States District Control Castern TRANSCRIPT ORD					DIEDATE.			
PLEASE Read Instruction Page (attached): 1.YOUR NAME 2. EMAIL					3. PHONE NUMBER	4 DATE	4. DATE	
1. FOUR NAME			Z. EWIAIL		3. FHONE NUMBER	4. DATE		
5. MAILING ADDRESS					6. СІТҮ	7. STATE	8. ZIP CODE	
9. CASE NUMBER 10. JUDGE						F PROCEEDINGS		
12 CASENANTE					11. FROM 12. TO			
13. CASE NAME					LOCATION OF PROCEEDINGS 14. CITY 15. STATE			
16. ORDER FOR								
APPEAL No	CRIMINAL			CRIMINAL JUSTICE ACT		RUPTCY		
NON-APPEAL CIVIL					* IN FORMA PAUPERIS * OTHER (Specify)			
17. TRANSCRIP	T REQUESTED (Spe	ecify por	tion(s) and date	or which transcript is requested) You m	ust provide the na	me of the Reporter.		
TRIAL		DATE(S)		REPORTER	HEARINGS	DATE(S)	REPORTER	
ENTIRE TRIAL					OTHER (Specify Below)			
JURY SELECTION								
OPENING STATEMENTS CLOSING ARGUMENTS								
JURY INSTRUCTIONS								
					. ORDER (Grey Area for Court Reporter Use)			
CATEGORY ORIGINAL (Includes Certified C Clerk for Records of th		opy to FIRST COPY		ADDITIONAL COPIES	NO. OF PAGES ESTIMATE		COSTS	
30-Day				NO. OF COPIES				
14-Day				NO. OF COPIES				
7-Day				NO. OF COPIES				
3-Day				NO. OF COPIES				
Next Day				NO. OF COPIES				
2- HOUR				NO. OF COPIES				
REALTIME								
CERTIFICATION (19 & 20) By signing below, I certify I will pay all charges (deposit plus additional).					ESTIMATE TOTAL			
19. SIGNATURE					PROCESSED BY			
20. DATE					PHONE NUMBER			
TRANSCRIPT TO BE PREPARED BY					COURT ADDRESS			
ORDER RECEIVED BY								
DEPOSIT PAID					DEPOSIT PAID			
TRANSCRIPT ORDERED			TOTAL CHARGES					
TRANSCRIPT RECEIVED					LESS DEPOSIT			
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT					TOTAL DEFLINED			
TO HONOT HAMBORIET					TOTAL REFUNDED			
DADTY DECEN	ED TD ANSCDIDT				TOTAL DUE			